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# the dental assistant



Journal of the  
American Dental  
Assistants Association

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# the dental assistant



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## THE PRESIDENT'S PAGE

"Where there is no vision, the people perish"—such were the words of the wise King Solomon, and history has confirmed that statement. Don't you think the same principle holds true of our dental assistant organizations? We must have high ideals, a desire to progress, a broad view and above all, genuine kindness if we are to progress. It has been observed that in some instances too much importance has been stressed upon personal situations rather than the interest of the society as a whole. One discordant note can ruin a musical score, so can a discordant member put the progress of a society to test. There is a Chinese prayer that is often repeated "Oh Lord, make this a better world, and begin with me." Let us open our eyes and enlarge our minds to a higher scope of service and helpfulness. Good fellowship and improved organizations will be a natural result.

During a stop-over between trains en route to visit one of our State Associations recently, it was my pleasure to visit the Art Museum and to view the Hall of Miniature Rooms. This hall was darkened and set into the walls were view boxes of rooms in miniature. The furniture and furnishings were complete in every detail, depicting the various rooms in homes from the days of the earlier settlers of our country, to the present and modern time. Judging by the attendance there, it was a popular section of the museum. I was especially interested in those homes of the New England States and as I viewed them, it brought to mind that this was a sample of what is in store for us during our annual convention to be held in Boston. There are so many historically interesting scenes and places in and near Boston that makes this meeting place one that you will not want to miss; to say nothing of the fine program being planned, and social affairs. It is time NOW to start planning for it. To be assured of hotel accommodations, follow the important instructions that you read in the Journal and those received by your society. Plan, if possible, to join the members traveling as outlined by Vivian Wreden, ADAA Transportation Chairman, in this issue of the Journal.

Margaret C. Sharp,  
A.D.A.A. President.

### Far From the Madding Crowd

It seems to me I'd like to go  
Where bells don't ring nor whistles  
blow,  
Nor clocks don't strike nor gongs  
don't sound,  
But where there's stillness all around.

Not real still stillness; just the trees'  
Low whisperings or the croon of  
bees;  
The drowsy tinklings of the rill,  
Or twilight song of whippoorwill.

'Twould be a joy could I behold  
The dappled fields of green and gold,

Or in the cool, sweet clover lie  
And watch the cloud-ships drifting  
by.

I'd like to find some quaint old boat,  
And fold its oars, and with it float  
Along the lazy, limpid stream  
Where water-lilies drowse and  
dream.

Sometimes it seems to me I must  
Just quit the city's din and dust,  
For fields of green and skies of blue;  
And, say! How does it seem to you?

—Nixon Waterman.



# The Use of Psychology in the Management of the Difficult Patient.

By DR. PAUL KELLS, Miami, Florida  
Madame President, Madam Chairman, Honored Guests, and Members of the American Association of Dental Assistants:

It may be that the title of this paper is something of a misnomer. Another title, such as, "The Management of the Difficult Patient," or "The Difficult Patient Looks At Us As We Look At Him," or, "Why People Go to Dentists and What Happens to Them There," or, "What Are We Trying to Do?" might have been more advantageous. Yet, the word Psychology being succinct, embracing as it does within its few letters, all of the above meanings and many more, should, no doubt, be retained. But, if we must use it, then it becomes necessary that we understand it. What then is Psychology?

The word "Psychology" is not very old as compared to the names of other sciences. About 150 years would cover it. It has been in general use only during our present century.

Originally, the science of Psychology was a part of the great body of Philosophy—Philosophy which embraced all learned material. Today the word has lost some of its old scientific dignity and has come to be regarded as something of a touch-piece, a sesame which opens all doors, an abracadabra which will perform all magic, a mystic pass word which, when understood, fabled to be pronounced correctly, and spoken, will bend all people to the will of the possessor. Such, fortunately, is not the case. If it were so we would all be at the mercies of amateur Svengalis. NOTE: Eddie Foy in 1902 used to sing:

"Now hypnotism is the force, by which the world is ruled,  
It heals the sick and by its use, the wisest men are fooled;  
I've studied hypnotism and I practice it each day,  
When I do things that others can't, I often hear them say:

"It must have been Svengali in disguise,  
with his bright hypnotic eyes,  
We were taken by surprise. I do my work so well  
That ev'ry one I mesmerize, says, it must have been Svengali in disguise.

"You've heard how Adam lost his home,  
although the fault was Eve's.  
They had no time to pack their trunks,  
they simply took their leaves;  
A serpent hypnotized poor Eve, and when she ate the fruit,

The snake took his false whiskers off, and said they'd have to scoot.

"It must have been Svengali in disguise,  
with his bright hypnotic eyes,  
Eve was taken by surprise. They say the snake had whiskers,  
And knew how to hypnotize, so it must have been Svengali in disguise."

There are, in rather free use, such loose terms as, "the psychological moment," "psychological principles," "psychological fear," and the like. Also, there are many kinds of psychologies, such as "Functional Psychology," "Rational Psychology," "Existential Psychology," "Physiological Psychology," "Differential Psychology," "Dynamic Psychology," and many others, so many in fact that it makes a person's head swim just to read the titles. All of this obscure profundity is hardly a rational approach to a more or less simple problem.

As mentioned above, psychology is quite recently split from philosophy. All sciences were at one time included under the head of philosophy. The physical sciences of chemistry, physics, astronomy, and others, were called Natural Philosophy, while the mental and social sciences were termed Moral Philosophy. Originally the word "Philosophy" denoted, by the Greeks who coined it, "The Love of Wisdom," or "The Love of Understanding."

And so, our title now becomes not "The Use of Psychology in the Management of the Difficult Patient" but rather, "The Understanding of All Patients and of Ourselves."

Understanding is, unfortunately, attained but slowly and by degrees. Understanding cannot be imparted by a magic word or syllable. Certainly, understanding cannot be thrust as an unwanted gift upon any who are indifferent to its reception. Understanding of a patient is found only by a meticulous evaluation of the characteristics of the individual you are endeavoring to help.

So, now having reached the conclusion that understanding of the patient and of ourselves is the present object of our search and is not to be confused with the revelations of crystal gazing, mesmerism, or black magic we can proceed.

Man is a peculiar animal. There are many different kinds of him. Millions of different kinds. No two members of the species *Homo Sapiens* are alike. Nevertheless, members of the species can be grouped into classes, the members of which bear certain traits in common. It is this very variety of men which

has assured the survival of his species in this world of conflict and competition, teeming as it is with all forms of danger and many forms of life. Many thousands, if not millions of years, we have survived and we are here today because of our variety. We, as a species, are prepared for anything. Individually, we are not. One person is helpful in one kind of trouble, useless in another. It is this interdependence that causes us to become aware of human values. There are always many accidents or crises which threaten us: storm, calm, war, peace, depression, prosperity, pestilence, famine, slander, injustice; and always someone, usually obscure and unprepossessing, steps out, comes to the rescue, and then returns to his former obscurity.

All of which is to say that we find ourselves ignorant of the latent possibilities of another person—therefore, all other people, and we included, are as equals, and as equals must be treated alike in the routine of the office.

So, our first step in this business of understanding the difficult patient and all patients, is to realize that no matter how awkward, ungainly, or unprepossessing another human being may appear to us (especially when he is in our office and sick), with it all he remains a human being and is to be respected as such.

Now, to approach our subject more intimately, let us ask a question. Why do people go to a dentist in the first place? What are their motives? If you can understand their motives you will then understand why some patients are difficult and some are not. As I see it, people go to dentists for five reasons (perhaps you can add others). These five reasons are:

To be relieved of pain.

To suffer pain.

To be made more beautiful.

To have focal infections removed in the interest of general health.

To have restorations made to improve mechanical function with consequent improvement in nutrition and general health.

Now, these five motives may be broken down into two classes: First, those motives or desires which arise from the Ego of the patient and which, when satisfied will fill the patient's ego or self with satisfaction. The satisfaction of one's own self or ego is a very important part of our world. Were this not so our beauty parlor operators and shoe shine boys would be walking the streets. It so happens that when anyone is in a situation which tends to promote his own personal needs, that person is not at all critical of that situation. For example, witness the happy

hog at a well-filled swill trough. He is not critical. That represents this first class of motives.

The second group of motives comprises those which arise, not from the inherent, instinctive, egoistic needs of the patient, but rather in the egoistic needs of a second person who has sold the patient a bill of goods. In this group fall those patients who have been urged by their family doctors or well meaning friends to visit a dentist in the hope that something can be done for their general ill health. The patient accepts intellectually the wisdom of the choice but his heart, his ego drive, is not in the matter.

In the first group, those who are driven to the dentist by instinctive necessity in the interests of ego-satisfaction, we will include the following:

Those who wish to be relieved of pain.

Those who wish to be made more beautiful.

Those who like to suffer pain.

The motive to wish to be rid of a cantankerous, aching tooth is obvious. The wish to be beautiful is also more or less obvious although the yard stick of beauty varies with different cultures. I recall three men I examined in St. Louis who were sporting gold stars on the left upper incisors. The enamel had been neatly drilled with considerable artistry and fine workmanship, the depression filled with gold, and the result was truly and conspicuously beautiful. It would be an interesting subject of research into the ways of both primitive and enlightened people as to how beauty is to be attained. So, the beauty motive is, perhaps, a little more obscure than the pain motive. Then, the third motive of this class, the enjoyment of pain is even more obscure. There is a peculiar class of abnormal people termed by psychiatrists—masochists—people who enjoy—get great pleasure out of others inflicting pain upon them. You know well the word "sadist"—one who likes to hurt others. Well, a masochist is just the opposite of a sadist. I have been told of one such who, over a period of time, visited various dentists and had fillings put in every tooth. When the teeth ran out he began to have fillings filled with fillings. He would not have been a difficult patient. In fact he was a very happy patient because the dentist, besides filling his teeth, was filling his ego.

So, you need not worry about patients in this first group. They are never trouble makers. They know what they want, and, if they can pay for it, are going to get it.

The second group is much different and is apt to be quite troublesome. In this group are people of general ill health which in itself is one of the predicates of disagreeable-

ness. Not that these people are basically disagreeable. When they become well again, as they frequently do after adequate dental care, they are irrefragable in their demeanor. Yet, these chronically sick ones, when they are so, exercise the prerogative of all sick people, that of demanding aid, comfort, and understanding in abundance. In this group fall those whose nutrition and general health have suffered through inability to masticate properly or because infection saps their vitality. The egos of these people are not interested in the reason for their lowly state and so, when a visit to the dentist is recommended, the ego accepts the recommendation but halfheartedly. Being sick, the ego is not able to reason through the chain of logic. And thus, the ego, not being fully in accord with the play, is liable to act up and become more or less obnoxious (or so it would seem to other people).

The case becomes very difficult, of course, when the dental procedure runs exactly counter to the wishes of the ego—for example, the case of a beautiful woman (there are many such) who, of necessity must have an incisor removed. Which recalls to me at this time the plight of a negress aged 52 years—a patient in the University of Virginia Hospital in 1930—who refused to undergo the same necessary treatment because it would "spoil her looks." Which incident caused several of the internes at that time to ponder the subject of human values and human vanity.

Remember then these two classes of people, and should you encounter a so-called "difficult patient" in the office, inquire of that patient why he came to the office in the first place and then act accordingly, as will be shown below.

Let us now direct our attention to the word "difficult patient" and inquire as to its meaning.

The word "difficult" implies something unusual, something out of the ordinary, something which interferes with the usual routine of things, something which requires extra effort, something which keeps us alert.

Speaking of routine, what is the routine of a dental office—the most agreeable routine, that is?

It should go something like this. The dentist is by his chair. You are at your desk. A new patient comes in the door. He introduces himself. You acknowledge his name and appointment. He returns the acknowledgment. There arises a rapport or understanding between you. You motion him to a seat. He complies. You notify the doctor of his presence because the doctor is just escorting from his room a newly finished patient and on schedule. The doctor receives the new patient cordially. His cordiality is

well taken. He escorts the patient to the chair and, with your assistance or that of others, proceeds to put him through the trial by fire. This the patient bears with equanimity. An hour later he emerges happily; his newly polished amalgams flashing. He reverently pays his bill and departs with thanks. By this time a new patient is getting into the chair. The waiting room is never crowded. Everything is on schedule. The ledger looks right and this happy routine keeps up appointment after appointment until the hour of rest arrives, the shutters are put up, the door is locked, and everyone goes home to sleep and to dream of future beneficent, satisfactory days.

This is the routine as it should be, a routine maintained by the Dental Assistant. I have had the good fortune to have been in many dental offices in many parts of the country and have never seen any exception to the above routine. Perhaps I was fortunate. I have talked to several dentists in Miami about this paper and none of them had ever seen a difficult patient. Therefore, they were not very helpful to this—the present cause. But we did agree between us that the Dental Assistant must have seen the difficult patients first and had disposed of or had otherwise taken care of them.

Even so, all this may have been a matter of chance for it is conceivable that the most perfect of office routines may become upset by certain troublesome people even though we patrons of dentistry are not aware of their presence. And this brings us to the classification of difficult patient types. The experienced Assistant seems to recognize these intuitively, and, in addition, she knows how to manage them.

There exist, and have existed from time immemorial, many classifications of personality abnormalities — classifications of mental or psychological disease, if you will. From ancient to modern these classifications are elaborate, extended, and precise. However, a classification for our present need may be made very much more simple and will comprise but three types as follows:

The feeble-minded.

The insane.

The fearful.

The first two of these we can dispose of in short order. Not so the last.

The feeble-minded you will treat as you would treat a child or as you would treat an aged person. That is all. Except that I cannot help but pause a moment upon the treatment of children if only to mention it. For here is represented a great and magnificent world of its own. You really have to

experience this world personally to appreciate it and my own experience and appreciation is less than two months old. It was last August that I took my eleven-year-old boy to an orthodontist, the beginning of a two-year job. The boy has the normal sensitivities of all boys of that age group. And this experience has pointed out that dentists who deal successfully with children must be rare people, well versed (through instinct, teaching, or experience) in the psychological arts. They have mastered a difficult matter. The orthodontist of whom I speak has an ample waiting room, quietly furnished, and with a sunny atmosphere. Soft music is piped in by telephone wire. There are plenty of comic books (ranging from gentle Donald Duck to more nefarious characters) for children of all ages. And there are attractive toys for the younger ones. My boy likes to go there and has never remarked unkindly about the place.

So then, treat the feeble-minded as you would treat a child.

The second group in our classification is the insane. This group can be broken down into two classes—those who cause trouble and those who don't. In either case, you will rarely be disturbed because: if they don't cause trouble, you won't know the difference. If the insanity is of the trouble-making type the sufferers will but seldom get into your office unaccompanied. But, should it happen that such a one, a trouble maker, comes unaccompanied you will recognize the following types.

The manic depressive in the manic state is all tongue and no ears, his conduct is boisterous and his happiness supreme. In fact, you will have difficulty in distinguishing him from a drunken man except that he has no alcohol about him.

You will know the manic depressive in the depressed state because he is slow, speechless, groaning, and sorrowful. He acts, for all the world, as though his soul had been but recently consigned to the nether place and he will not be comforted.

Then there is the dementia praecox (more exactly called the schizophreniac) whose thinking and acting are so grotesque that the imaginations of the best of our novelists and fiction writers are pale by comparison. You will note that the eyes of these patients are not fixed upon anything within the room but rather wander for miles outside the room. And just as their eyes seem to be filled with visions so are their ears filled with all sorts of unreal voices which constantly cry to them and their minds deal with all the unreal and non-existent ills which they believe beset them. However, in perfect justice, we must admit that even these people are progressive.

In the Old Stone Age they feared destruction by the club. After the Chinese invented gunpowder the schizophreniacs became apprehensive of being blown to bits. Since the Napoleonic Wars they have regarded everyone as a Wellington. During the first quarter of the present century they have stewed in the belief that a radio is prying into their secrets, and, finally, in this year 1946 they despair of the atom bomb.

You can do nothing with these people. You cannot argue or reason with them. Should they become too upsetting to your office your only recourse is to call for help.

We now come to the third class of patients—those whom we call the fearful.

If you really wish to learn of psychiatry, and of human conduct, and of the meaning of things, study, first of all, Fear. And when you are through with the study of fear you will find it to be a vastly different thing from the thing you now think it is and which you experience in your daily life. The very word brings up in us very unpleasant emotions such as might likewise be caused by a funeral, a Florida hurricane, a fire, a panic, loss of any kind, or prophetic events. It is not a good feeling and we don't like it. We try to run away from it if we can. Everyone looks upon Fear as something very ill. That should not be. Fear is not something very ill. Fear is what makes us tick and gives meaning to things. Fear is something that is common to all the human race. It is as common as arms, or legs, or eyes, or ears. Take away a man's capacity to fear and you have crippled him as surely as though he had been physically maimed. Just as Nature gave us arms, and legs, and eyes, and ears our foresight and for our protection, so she gave us Fear. Fear is beneficent. Fear is our protection. Fear mobilizes the resources of our physical bodies when the going is difficult. Fear has energized all of the great accomplishments of humans whether it be fear of physical things or fear of less tangible things: Fear of storms or fear of losing face in the community; fear of battle or fear of economic insecurity; fear of dying by a dread disease or fear of not living up to our old teachings. There are physical fears and moral fears and always we are driven by them.

Yet—without fear we decay and become no longer people—or humans—but rather Zombies, vegetating automatons. The morphine addict has no fear (if his supply of the drug is plentiful) and he decays. The user of barbitol loses the power to fear and suffers moral rot, the wealthy whose only aim is economic security and pleasure have no fear and sixty years hence are reduced to shirtsleeves again.

So—that is Fear.

A magnificent and munificent gift bestowed upon us by Nature that we might survive. Nature endowed us and other animals with the instinct of fear to protect us against the real dangers by which we might be threatened. But, unfortunately, perhaps, man (not the other animals) developed the power of introspection, of reflection, of discernment, of prescience. And through these attributes he became aware of another fear, not a real fear, but the fear of the Unknown. This is an unreal and irrational fear. It is the fear that lurks in dark attics and in graveyards. It is the fear that secrets itself behind the matted jungle wall. It is the fear suffered by savage tribes when cowed by disease, lightning, tidal wave, and eclipses. It is the fear, of which the Four Freedoms would free us. And lastly, it is the Fear that stands behind the closed door of the dentist's operating room.

The Noble Julius Caesar had this sort of fear in mind when he said:

"Cowards die many times before their deaths,

The valiant never taste of death but once.  
Of all the wonders that I yet have heard,  
It seems most strange that men should fear,  
Seeing that death, a necessary end,  
Will come when it will come."

We must surmise, though, that old Julius was just bragging because he must have had his moments too—while waiting by the door of the Royal Tooth Puller.

To the Dental Assistant, that Door is just another door because inside is known territory. She knows that the man at the chair is competent. The instruments are in order. There are no Gremlins on the burrs or in the porcelain mix. Gentleness reigns. Satisfied people come and go all day long.

But the patient has not yet been behind the Door and the Fear of the Unknown assails him.

This fear and all fear, causes certain physical changes to take place in the patient's body. By observing such physiological changes you will know the presence of fear in a patient. Look for quickened respiration, pallor or flushing, wet clammy hands, sterile reaction, dryness of the mouth, restlessness, and loss of ability to converse in the usual or normal fashion. The thinking becomes mildly confused with consequent indecisiveness and, as this becomes more pronounced, a state of hysteria is approached. Should a hysterical reaction become well established it would be very upsetting to your office. Panic spreads most easily. So, when you

note the early symptoms, begin to work on them.

Think in terms of tensions. It is tension within the patient you are striving to relieve. We will assume that the person with whom you are dealing is not a paranoid or a psychopath but rather an excessively emotional normal person and, as such is capable of obtaining relief.

As in other fields of medicine, treatment is of two types: Prophylactic (to prevent the appearance of a disorder in the first place) and positive treatment directed to the disorder after it has developed.

Prophylaxis against abnormal tensions deals with your office set-up and with yourself.

From you and your office patients, normal and abnormal, should expect:

Orderliness	Tactfulness
Promptness	Understanding
Courtesy	Fair Dealing

These six qualities are, incidentally, the standards by which society itself distinguishes between normal and abnormal people. The possessor of these qualities is regarded as a stable, mentally competent individual and as such will be supported by society in all his acts.

So, with these qualities (obtained always by interest, hard work, and application) as the background of your office few tensions will develop, but when a patient does become fearful and does begin to demonstrate a lack of these same qualities you are in possession of the right to exercise firmness.

We may now consider the positive treatment of tension. This is done by talking to the patient.

When you observe that tension in a patient is building up to the breaking point, approach that patient with firmness and conduct him, or her, to a place more private than the waiting room—possibly to the recovery room—and there you will talk about something of interest to the patient. There is a saying that if you wish to please a woman talk about her child and if you want to please a man talk about his car.

For an illustration of this principle I think of the program chairman of a local civic club. The speaker's table at this club is up on a platform and, were the guest speaker not helped somehow he would have a feeling of aloofness and lonesomeness in which setting he would begin to mull over the approaching speech, would worry about the outcome, and in the process would build up considerable tension and lose much in efficiency through stage fright. He has forty-five minutes in which to accomplish this unhappy state.



But the program chairman does not permit that to happen. Somehow he determines the interests of his speaker, takes these interests to his heart as though they were his very own and always had been, and then begins to develop a friendly argument or discussion. Point after point is threshed out, the forty-five minutes sail pleasantly by, and the speaker arises to talk feeling refreshed, his brain active. The program chairman during the period of their chat said none of the following things to him: "I guess you are a little nervous today. But don't mind it. Just relax. We have all been through this. You'll find it easy after a couple of years. Those people out there are your friends. I am your friend. Which reminds me of the time I was operated on. Thirty-seven gall stones. That was in 1933, too, when everything else was so bad. How long is your speech going to take? You will get through 'n time so just take it easy." And so on, and so on.

If there is a sure way to make tensions build up, this latter approach is it. If you say "Just relax" the patient thinks, "Relax for what? So that I can have a tooth pulled?" And as for talking about yourself, that is so much lost motion for (there are rare exceptions, of course) the patient just isn't interested.

Never take a talkative relative into the quiet room because then you will have to find out the interests of both patient and relative at the same time and talk on these two different interests at the same time and that is impossible. The art of determining what a patient likes and is willing to talk about, other than sickness, depends upon your alertness to pick up clues, upon the range of your own knowledge and interests, and upon your ability to remain calm under all conditions.

If the patient is losing the power of speech through excessive tension request her to take seven or eight breaths slowly. Speech will then return and you can carry on with the routine. About ten minutes of pleasant talk will suffice to let the blood circulate freely once more through the cold hands and the pale brain. Thinking again becomes clear, the patient, now feeling well, wonders what could have happened that made her behave so foolishly and she steps confidently into the operating room.

So much for your chief problem—the problem of tension.

Before closing, I wish to touch briefly on one other great class of patient not mentioned above. This is a heterogeneous group and comprises people who, while their actions are abnormal, yet cannot be called insane. Under this heading are the psychopathic per-

sonalities, the Constitutional Psychopathic Inferiors, the Paranoid Personalities, and Hypochondrics. Their common characteristic is that, while never appearing happy themselves they have the ability to make everyone else unhappy too. They make you feel that they have been badly used by the world and that you yourself are partly to blame for the state of things. Nothing can change them: neither kindness nor firmness, appeasement nor force, humility nor haughtiness. I only mention these people for your own account and for your own happiness, so that you may be spared the pangs of self reproach when your management fails and your background of courtesy, interest, efficiency, and fair dealing seems to have come to naught.

These people pour complaints upon you such as: The dentures have never fitted, and the doctor won't do anything about it, or the bill isn't right, or they thought that such and such a promise had been made, or grave damage has been done, and that there are better offices in town anyhow. I am sure you can think of many more examples. We get hot just thinking about it here. When that happens, then is the time to work psychology on yourself. So you will say to yourself, "Consider the source," or, "I am thinking a lot but not saying anything," or any other expression equally comforting. In that way, your outward demeanor will continue unoffensive to the patient while your own mental mechanisms will protect you against disagreeable feelings and mental confusion.

In closing I wish to simplify this whole matter of the use of Psychology in the Management of the Difficult Patient—to reduce it to one rule and guide, as it were. And this concerns your duties, which are three: your duty to the patient, your duty to the doctor, your duty to yourself. Just why your duties should be placed in that particular order of importance is a very interesting matter and could be made the subject of a paper that these businesses in which that order is not maintained soon cease to exist. If your position on the list seems unfair, it is easy to turn the tables—simply go in sometime for the extraction of an impacted molar and you will then head the list.

Presented before the A.D.A.A.

Miami Beach, Florida

October 14, 1946.



# INTELLIGENCE AND SECURITY

By Dr. M. Don Clawson

In speaking to your group today, I should have preferred to spend all of my allotted time for a thorough discussion of the role of the dental assistant in the practice of our profession. I should have preferred to trace the history of your organization and to discuss the aims and objectives of the founders of your Association. I should have liked to discuss my philosophy for the training of auxiliary personnel in our dental colleges and hazard a guess as to the future relationships of the auxiliary services to the profession as a whole.

But since it was my privilege to appear before your national meeting at Miami in October with the story I have just mentioned and since the Editor of your Journal advises me that she will publish it soon, I have been asked by your Program Committee not to repeat myself.

It seems that your Committee is interested in my non-professional activities. Such activities are usually classed as hobbies but in my case, I can make no such claims. My non-professional activities during my 12 years of residence in the Near and Middle East were in the nature of what in industry we call good public relations and what in government, we know as diplomacy. To successfully establish either requires in industry detailed and authentic knowledge of what the public is thinking; and in the case of diplomacy, what the other governments are doing and thinking. Since it is often profitable for governments as well as individuals to withhold their innermost thoughts, a diplomat or a public relations officer must find ways of differentiating between the

truth and truths opposite—"the false impression."

The truth can only be obtained from those who know it. True information can be obtained by two methods. Purchase and friendship. Information is easy to purchase but the truth is more apt to be had through friendship than by purchase. Regardless of whether information is volunteered through friendship or is purchased, you must protect the source of information, that is the "informer," from suspension of his fellow workers or his fellow countrymen in the case of diplomacy.

To the nation or the individual who receives dependable information, it is classed as an ethical and honorable diplomatic activity, but if either the informer or the recipient is exposed, the activity is classed as espionage and death is the inevitable consequence. I have, therefore, chosen as my subject "Intelligence and Security."

Wartime intelligence can be defined as "an unmasking of the enemy's intent in peace time. It amounts to accurate knowledge of the real international policy of all countries either friendly or unfriendly. In this imperfect world as yet ruled by power and swept by passion and ambition, a nation's foreign policy is successful only to the extent that is conditioned at all times by the true intent of its enemies and its friends.

If the purpose of a potential army is unmasked in time, war may be averted. If we Americans, for example, know and are able to evaluate properly the comparative resources, production, manpower and outlook of a neighbor, we should be

able to measure the friendship or the enmity of that neighbor. If we know the true state of morale of our allies and the structure of their economies, we can then plan our own security with confidence.

The ordinary American would like to feel that our government's policy is such that would enable our country to be on an equal footing with other nations, but would let no other nation push us around. In any event, our country cannot appease and be firm at the same time. If one policy is right, the other is bound to be wrong. The country's security lies in choosing the right policy. How can we decide which policy is right and which is wrong? There is but one answer. Detailed and factual information otherwise known as intelligence.

It is, therefore, evident that a highly efficient intelligence service is just as essential to peace as it is to war. When we do not have an efficiently organized central intelligence service, we are bound to have government officials developing their own sources of information and relying on them even though they have no way of testing their accuracy. The one-man intelligence services are perfect set-ups for counter espionage from other countries which find it profitable to supply such individuals with a lot of misinformation rather than real facts which the individual believes he is obtaining.

During the period between 1941-1945, our country developed one of the most efficient central intelligence services in the world, the Office of Strategic Services or the OSS. On October 1, 1945, the whole expensive machinery of this service was dismantled and its records buried in the musty files of our State Department where they will more than likely remain until we are threatened by another war. In the

meantime, individual senators and government officials will build up their own personal intelligence services and again become fair prey for every other intelligence service in the world. The decision to disband the OSS will probably prove to be one of the most unintelligent and expensive mistakes growing out of World War II.

Our hope for peace through future generations depends upon our foreign policy and to determine that policy, we must test the facts which bear upon the economic, spiritual and political factors involved. This being so, common sense dictates that we do two things: First, we must know at all times what is going on in the world, second, we must never again "slump so far in our military posture," (General Marshall) as to encourage another nation in the belief that our country can be defeated in war.

We Americans do not like the idea of espionage, the word has a disagreeable ring. We don't want to spy on other people and we don't want them spying on us. Yet, everybody does it in wartime, including us. I should like to point out that if espionage is necessary to insure victory in wartime, it is equally essential in insuring peace. Following the example of the health professions, I should call peacetime espionage preventive diplomacy.

Our foreign policy will never be better than the intelligence upon which it is based. And I repeat that a correct foreign policy is just as essential to a just peace as it is to victorious war. No one operates a more efficient peace time intelligence service than does Russia. The recent confidential report of Mr. Edgar Hoover exposes the startling information which leads us to believe that Russian intelligence is operating in every state in our country with



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branch offices in every city of over 50,000 population.

The Russian Central Intelligence agency is known as the NKVD and it operates everywhere in a highly distinctive manner. Whereas the British and French peace time intelligence is built around a small number of highly trained specialists, the Soviet NKVD depends on sheer mass. It has thousands of operators scattered throughout the world in all countries, both friendly and unfriendly. It draws information from a vast number of sources, trained secret agents, "Agents provocateurs" fellow travelers, communists, as well as the customary diplomatic channels.

The first good hard look that we in America have had into the scope and activities of its operations was afforded last year when the Canadian government by a chance defection of a key code clerk in the Soviet Embassy at Ottawa disclosed some startling information.

Allow me to quote from the report of the Royal Canadian Committee of Enquiry:

"As early as 1924, there was an organization at work in Canada and operating with communist sympathizers in Canada. . . . While in Russia the apprehended spy took a course in the Lenin Institute where the material taught included political subjects and also such practical subjects as the organization of political movements, fomentation or prolongation of strikes for ulterior purposes, sabotage methods, espionage and barricade fighting, the students receiving a good education as 'agent conspirators.'

"Many of the activities carried on in Canada were so linked up with what happened in other countries that we feel bound to mention them in our report. In general the military espionage network in Canada was a self-contained unit directed

from Moscow. At times, however, the documents from Colonel Zababens' Secret Archives, refer specifically to espionage networks in other countries. Some of these documents relate the handing over from one espionage network to another of an agent or agents who have moved or are about to move to Canada or from Canada to another country."

The NKVD's prime object in Canada was to steal the formulae and "know how" of the atomic bomb, radar and other non-Russian war secrets, an enterprise which was the more disconcerting in that it was partially accomplished by the deliberate subversion of the citizens of Canada, a loyal ally of Russia's in the midst of a common war. It is a fair assumption that whatever the NKVD did or is doing in Canada, was done and is still being done here.

It is, therefore, evident that the hard facts of survival alone compel us to overcome our aversion to espionage.

In totalitarian states such as Russia, Germany and Japan, espionage and counter espionage are easy of accomplishment. They hold a great advantage over democratic states such as our own. Every change in our own foreign or domestic policy is preceded by free public debate. Our objectives and purposes are world property. In totalitarian states, avowed purpose is one thing and the hidden but real purpose is something else. If such a nation should decide to attack us, only an intelligence service capable of discerning the strategy developing behind the mask could spare us of the disastrous surprise so well illustrated by the sneak attack on Pearl Harbor in 1941.

Our entire intellectual approach to the American strategic position must be overruled for the simple reason

that our position has changed, and in many ways changed for the worse.

Up to World War II, we had not thought it necessary to bother ourselves about the aims and purposes of other countries. Caught up in the sheer creative act of mastering a mighty continent, we never knew the fierce frictions and pressures that kept Europe in tension. The oceans protect us. The U. S. Army was a good natured joke. It was unthinkable that anyone would attack us. This is no longer true. The rocket, the long-range bomber, the atomic bomb, bacteriological warfare and all the other paraphernalia of the "36 hour-war" have whittled down the wonderful defensive cushion of deep space which in the past has always allowed us time to mobilize our productive resources for war while we had allies to fight delaying actions outside. Indeed if in the future a potential aggressor should seize certain strategic bases, cut across our lines of communications or by skillful penetration disrupt our unity, it is entirely possible that we might not be able to fight at all.

Since our cushion of time and space no longer exists, we must do one of two things, first, maintain the world's largest military force, ready and waiting at strategic trouble spots all over the world. But who wants this? History is full of examples of bankruptcy that eventually overtakes all military empires; second, we must maintain a strong and efficient central intelligence service. This second plan is certainly cheaper and more congenial to our way of life. Provided that the intelligence service will work toward prevention of war rather than apply it too late after war is upon us. If a central peace time intelligence service does its job and discerns hostile interests

in good time, if our government, for its part, takes the proper counter measures, imparting firmness to its diplomacy, we can be forewarned and fore-armed and war itself can be averted. For as long as we are strong and well-informed, nobody is going to want to attack us.

An intelligence service with a skilled and trained group of scholars having the regional knowledge and the linguistic competence of the countries involved could be of greatest aid in reaching the right diplomatic decisions at the right time.

You might well ask, "Do we not have such an intelligence service now?" The answer, I am sorry to say, is "No, we do not." When the OSS was scrapped on October 1, 1945, an organization known as the "National Intelligence Authority" was set up. It is my personal opinion that the NIA is no substitute for the OSS. While outwardly it may resemble the OSS, it perpetuates some of the worse defects of the hundreds of inefficient personal spying services conducted by senators, state department officials and the Army and Navy in vogue up to as late as 1941. You may ask, "What can professional folks like us do about the situation?" I would answer that the personnel of the health services of this country wield one of the greatest weapons in this country with which to direct the ebb and flow of public opinion.

In our everyday contacts with our patients who represent the thinking, policy-making segment of our population, we can and do either consciously or unconsciously influence the lives and thinking of each and every patient. I want to interest this fine group of young women in the service of this the finest, most glorious country in the world, "Our country." Develop an unceasing interest

(Continued on page 91)



# the dental assistant

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A JOURNAL FOR DENTAL ASSISTANTS DEVOTED TO THEIR  
INTERESTS AND EDUCATION

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## EDITORIAL DEPARTMENT

### THE PROGRESS OF THE DENTAL ASSISTANT THROUGH THE D. A. A.

By Christina Pittman, Birmingham, Alabama

The increasing Progress of the Dental Assistant is not something which just happened but is rather a direct result of years of great planning, hard work, and continued education. Through the years, the Dental Assistants Association has struggled for a dream to come true—the motto of the Association, "Education, Efficiency, Loyalty, and Service."

As a comparison to show the advancement of the Dental Assistant, let us turn our thoughts back thirty or forty years. Some of you Doctors will recall vividly the era around the turn of the century at which time the Dental Assistant had not come into her own as an integral part of the Dental Profession. She was nothing more than a general flunky around the office. There was no standard as to requirements or qualifications. It was not necessary that she have more than a fourth or fifth grade education. Her duties were not specific. She had not the slightest conception of what sterilization was, or what the names and uses of the different instruments were, let alone knowing anything about the teeth or the mouth. In the greater majority of incidences there was no standard of dress and the girl in the office was permitted to wear her street clothes.

Today the requirements of a dental assistant are much higher. She must be a high school graduate of good moral character and neat in appearance. She must be courteous and polite and must have a good command of the English language. The girl who becomes a Dental Assistant now has a desire to be a more valuable asset to her employer. Because of these desires, a group of girls got together some twenty odd years ago and founded the Dental Assistants Association. Through her membership into the Dental Assistants Association, a girl has the advantage of a greater knowledge of her profession than she can achieve by merely observing in her office. She can attend bi-monthly meetings of her Local Society where lecture courses are given by local Dentists and trained Dental Assistants. She has an opportunity to attend her State and National Conventions and either give a clinic or paper, demonstrating some phase of her work she enjoys most or by viewing clinics and hearing papers given by other Assistants. She may view exhibits and posters or make them herself. By preparing and presenting clinics, papers, or making posters she will derive



great benefits from the study and preparation she has to make. Also, at the State and National meetings she has the advantage of attending lectures and motion picture demonstrations of all phases of dentistry given by well known Dentists. All of this goes to make a better educated dental assistant and helps her to render her services to her employer more efficiently.

The Dental Assistant through her membership into the Association is entitled to wear the Official Pin and Official Cap along with her uniform. How much more professional it looks—how individual. It identifies her as something special and not just another girl in a white uniform and white shoes.

Last but not least her membership entitles her to a copy of "The Dental Assistant Journal" published every other month by the ADAA. The Journal is literally filled with valuable information on dental assisting. These articles are written by Dentists and Assistants from all parts of the United States, thereby giving her a much broader scope both as to education and efficiency.

So it is through the years the Dental Assistant has progressed. She must keep on progressing. If she sets a goal and works toward it, she will progress. With the loyal support of our Dentists, our Educational Departments, and our Dental Assistants we will make this goal so that the future dental assistants will be better qualified.

Presented at Bosses' Night Program.

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. . . I have learned  
To look on Nature, not as in the hour  
Of thoughtless youth; but hearing oftentimes  
The still, sad music of humanity,  
Nor harsh nor grating, though of ample power  
To chasten and subdue. And I have felt  
A presence that disturbs me with the joy  
Of elevated thoughts; a sense sublime,  
Of something far more deeply interfused,  
Whose dwelling is the light of setting suns,  
And the round ocean and the living air,  
And the blue sky, and in the mind of man;  
A motion and a spirit, that impels  
All thinking things, all objects of all thought,  
And rolls through all things. Therefore am I still  
A lover of the meadows and the woods,  
And mountains; and of all that we behold  
From this green earth; of all the mighty world  
Of eye and ear—both what they half create,  
And what perceive: well pleased to recognize  
In nature and the language of the sense,  
The anchor of my purest thoughts, the nurse,  
The guide, the guardian of my heart, and soul  
Of all my moral being.

—William Wordsworth.

# VIEWS OF THE NEWS

(A Digest of Association Activities)

by

Rose Barby

"THE TIME HAS COME, THE WALRUS SAID, TO TALK OF MANY THINGS":

What better way could your reporter start "Views of the News" than by saying thanks to Sadie Leach for the opportunity of bringing this digest to you?

Ignoring a natural impulse to start with St. Louis Society's activities, I am continuing alphabetically with the news items sent from various associations.

The Journal of the Southern California Dental Assistants Association contained the following article. Hope you get as big a kick out of it as I did. (Being an Orthodontist's Assistant probably had something to do with it) but I am sure everyone will appreciate and enjoy Helen Wirick's experience and cleverly written article "Orthodontia on the Sunny Side of 40," elsewhere in this issue.

The Chicago Dental Assistants in conjunction with the Illinois State Dental Assistants Association had themselves quite a meeting in February. The good things began with a business meeting of the Illinois State Dental Assistants Association at the Headquarters Hotel, The Stevens, on Sunday morning, February 9th, and an open meeting with Installation officers on Sunday afternoon. On Monday morning, February 10th the Illinois girls had some very fine clinics and a program of papers and speakers in the afternoon.

The Chicago Dental Assistants started registration for their meeting on Monday, February 10th, and put on a very fine meeting; at this meeting each winter this fine organization, center of mid-west Dental Assistants, is always the gracious hostess to Dental Assistants from all over the United States, particularly the mid-west. A group of very fine clinics was presented on Tuesday morning; and programs were featured on Tuesday afternoon; Wednesday morning competitive papers were given by members of the Chicago Dental Assistants Association, and Miss Virginia Bates of Indianapolis, Indiana was a guest speaker, presenting a prophetic paper, "Dental Assistants of 1957." On Wednesday afternoon, Dr. L. H. Dodd, Decatur, Ill., President of the Illinois Dental Society was the guest speaker, presenting the subject, "Human Factors in Professional Relations." On Thursday morning Dr. Frank Hyde, Chicago, presented a most timely discussion on "Dentistry in the Veterans Administration Program." Elsewhere in this issue is presented the paper which was read by Dr. M. Don Clawson of Nashville, Tennessee on Tuesday afternoon. After formal presentation of his paper Dr. Clawson laid it aside and gave an off-the-record story of his activities in connection with the Office of Strategic Services, that was thrilling in the extreme. In the accompanying picture of Dr. Clawson, he was dressed in Arabian costume, which he wore as a disguise, and made a thrilling escape from the enemy during his period of service with the OSS. As you read his article, dwell particularly on the last two paragraphs.

The A. D. A. A. conducted an exhibit booth under the direction of Iva

Barker, National Chairman of Exhibits and Clinics, which drew much interest.

Iowa State Dental Assistants Association reports the past year's activities were very gratifying, with a fine increase in membership and wonderful cooperation throughout the state. The State Meeting will be held May 6, 7 and 8th at the Savery Hotel in Des Moines. Our best wishes for a successful meeting. We will be expecting a report for the next issue.

The Detroit Dental Assistants Society sponsored its third annual lecture course. Place: Book Cadillac Hotel.

February 18—Essayist: Dr. Walter C. McBride. Subject: "Assistant in Children's Dentistry."

February 25—Essayist: Dr. Rene Rochon, Dean of the University of Detroit School of Dentistry. Subject: "Dental Nomenclature for the Assistant."

March 4—Essayist: Dr. John Shakelford. Subject: "The Assistant in Oral Surgery."

March 11—Essayist: Dr. Forest McGuigan. Subject: "The Assistant in the Operating Room and in the Laboratory."

The fee for this course was \$8.00, including a one-year membership in the Detroit Dental Assistants Society. This society has functioned since 1927.

The February Meeting of the Cincinnati Dental Assistants Association was high-lighted by two guest speakers, the first of whom was Mrs. James Hartman. Her topic was "Today's Version of Cradle-Rocking Hands."

The second speaker, Mrs. Edgar Mendersohn, Parliamentarian for the National Business and Professional Women's Club, chose as her subject, "A Call to Order." Mrs. Mendersohn possesses a rare ability in presenting pertinent facts as to the proper procedure in conducting the business of the organization, making it interesting, as well as informative. It is noticed that the Program Committee has arranged a most interesting and educational program for 1947.

The meeting of the Oklahoma City Dental Assistants in February was a dinner meeting with two guest speakers: Dr. F. J. Reichmann speaking on "Sterilization of Instruments," and Robert H. Nutt giving a lecture on "Memory." The Oklahoma City Dental Assistants were hostesses for the Oklahoma State Dental Meeting, April 13, 14, 15 and 16th. They had some very fine programs and clinics arranged, and all were pleased with the grand meeting. The assistants in charge of the program were Mrs. Jackie Rambo Goad and Miss Dorothy St. Cyr. With such competent girls, we know the meeting was a great success.

The guest speaker for the March Meeting of the Portland, Oregon Dental Assistants was Madge Tingley. She chose as her subject: "Office Procedure and Ethics of a Dental Assistant." This is a subject for which Miss Tingley is well qualified as she has been a dental assistant for many years. For the April Meeting, Dr. John C. Bartels, one of the city's leading dentists, gave slides on Crown and Bridge Work. He was assisted by his very able laboratory technician, Miss Barbara Stitzinger, who made models and showed the assistant's duties in the procedure. The Annual Election of Officers was also held at this meeting.

Here is January news from the Rhode Island Dental Assistants Society Meeting held January 21 and 22nd at the Providence Biltmore Hotel. The following is an excerpt which appeared in their paper:

"Miss Corinne A. Dubuque of Pawtucket was elected president of the Rhode Island Dental Assistants Society at a business meeting last night. Other officers chosen were: Miss E. Norma Forant of Pawtucket, first vice-president; Miss Ann Schneider of Providence, second vice-president; Miss Rita Bannon, of Pawtucket, secretary; and Mrs. Lydia M. Halleck of Pawtucket, treasurer. Mrs. Edith Sedgley Sweet, the retiring president was given a past president's gavel by the society. The next officers were installed by Mrs. Sadie Hadley, of Beverly, Mass., first vice-president of the ADAA. Dr. Donald W. Wallace of Chicago, secretary of the Council on Dental Therapeutics and director of the Bureau of Chemistry of the ADAA, addressed the dental assistants on the 'Properties of Dental Preparations.' Table clinics were conducted by Miss Frances Wurtz of Providence, Miss Clarisse Bouthillier of Pawtucket, Miss Theresa Davignon of Pawtucket, Miss Schneider and Miss Bannon. A membership exhibit was prepared by Miss Helen C. Searles of Pawtucket, a past president of the society."

From Celina, Texas comes this letter I think every one of our members will enjoy reading:

"Dear Katie: (McConnell)

"We are just a new society and working with the odds against us. We feel it is a worthy cause. Every member of our district is proud of our association and our district president, Mrs. Kathleen Wofford, 417 W. La. St., McKinney, Texas. Kathleen really worked to get us organized. Kathleen's hobby is in her office. She collects dogs of every shape, form and fashion (except real live ones). Her desire is to have them from as many places as possible. How about the dental assistants who would like to send her dogs? Our North Texas district would enjoy it with her. Every girl who sends her one should be sure to have it labeled. Thanks for everything. Yours truly, Irene Smith, Secretary."

How about helping Kathleen with her hobby? While we are in Texas, let me tell you that the Texas State Dental Assistants Meeting was held April 27th to May 1st, in San Antonio. I know it was a grand meeting and loads of fun. The first national meeting this reporter attended was in Houston; I shall never forget it. It was wonderful. Please let me in on all the news for the next issue.

The Missouri and Kansas Bi-State Meeting will be held in Kansas City May 12, 13 and 14th. The committees are hard at work planning educational and social sessions. A large attendance is expected.

Our St. Louis Dental Assistants Society has been growing by leaps and bounds under the leadership of Ann Dvorák, president. Since February, 1946, when Ann took over, we have added 48 new members; making a total of 78 members for St. Louis. The fine programs we have had the past year brought an attendance of 50 or more at each monthly meeting. The continued effort of each and every one of these members cannot help but make 1947 a banner year.

#### WATCH ARKANSASI ! !

This brings to a close my first attempt to bring the news to you. Thanks to all who have contributed. Your News Editor asks that you send your material to her by May 15th for the July-August issue, and thus be a "Real Friend" as expressed by James J. Metcalfe:

"A friend is one who never fails . . . To answer any call . . . But who is always glad to serve . . . In any way at all . . . Who does not ask you how or when . . . A certain thing occurred . . . Or whether it may be your own . . . Or someone else's word . . . A friend is one who loves you for . . . The creature that you are . . . Regardless of your humbleness . . . Or likeness to a star . . . Who does not count the faults you have . . . Or tells you what to do . . . But who is quick to recognize . . . The better side of you . . . A friend is one who always wants . . . Your life to be a song . . . And tries to lend a helping hand . . . When anything goes wrong."

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"The Birmingham Dental Assistants Association held its Fourth Annual Bosses' Night on March 5th at the Molton Hotel.

\* A dinner preceded the program for members, doctors and their wives and guests of honor. The honored guests were: Dr. M. L. Llewellyn, Gadsden, President, Alabama Dental Association; Dr. George W. Matthews, Birmingham, Secretary-Treasurer, Alabama Dental Association; Dr. Polly Ayers, Birmingham, Head of Oral Hygiene Department of the Board of Health in Jefferson County; Miss Christina Pittman, Montgomery, President, Alabama Dental Assistants Association; Mrs. Oattie Helms, Montgomery, Fourth District Trustee of the American Dental Assistants Association; Miss Lucile Black, Birmingham, Past-President of the American Dental Assistants Association.

Miss Christina Pittman read a paper on the advantages of being a member of the association. Dr. George W. Matthews gave a talk entitled, "The Pursuit of Happiness." The main thought of his talk being that if you aren't happy in being a dental assistant, then change your profession. He made his speech very interesting by bringing into it, some of the experiences he had while serving overseas with the Army."

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A number of dental assistants arrived at the Chicago Mid-winter meeting early, for the purpose of attending the 3rd Educational Congress of the American Dental Association, which was held at the Stevens hotel on February 8th.

One of the subjects on the agenda for discussion was the education of auxiliary dental personnel, such as dental hygienists, dental technicians, the dental laboratories, and dental assistants.

Miss Katie McConnell, 2nd vice-president of the ADAA presented a fifteen minute paper, setting forth the educational aims of the ADAA. The paper was well received and should bear good fruit.

Sadie Leach, Editor of THE DENTAL ASSISTANT and Ruth Inskipp, Contributing Editor were present at a meeting of Editors of Dental Journals, called by Dr. Harold Hillenbrand, Executive Secretary of the A.D.A. for the purpose of studying the problems of Dental Journalism.





## Secretary's Corner

By AILEEN M. FERGUSON, General Secretary,  
709 Centre Street, Jamaica Plain 30, Mass.



### HONOR ROLL

Alabama D. A. A.  
Northern California D. A. A.  
Connecticut D. A. A.  
District of Columbia D. A. S.  
Iowa State D. A. A.  
Massachusetts D. A. A.  
Missouri State D. A. A.  
Philadelphia D. A. A.  
Rhode Island D. A. S.  
Wisconsin State D. A. A.

### HONORABLE MENTION

Denver D. A. A.  
Illinois State D. A. A.  
Indiana A. D. A.  
Kansas State D. A. A.  
Louisville District D. A. A.  
D. A. A. State of New York  
Oklahoma State D. A. A.  
Texas State D. A. A.  
South Carolina State D. A. A.  
Washington State D. A. A.

Hotel reservations for your delegates and members who will attend the ADA A meeting in Boston should be sent in now on the coupon form published in this issue of the Journal or on the form sent to your society from the Secretary's office. No reservations will be accepted after July 16; reservations may be cancelled later if necessary.

ADA A dues for all delegates, alternates and clinicians must be paid 30 days before the annual meeting.

The following are new independent members: Pauline Roggow and Evelyn Owen, 448 S. Jefferson, Mason, Mich.; Louis Lynch, Reynolds Bldg., Sayre, Pa.; Birdie Cox and Grace Lancaster, Veterans Administration, Alexandria, La. We extend greetings and a welcome to these members.

### NEW SOCIETIES

MARICOPS COUNTY D. A. A. (Ariz.)—President, Jackie Eastman, 1017 Professional Bldg., Phoenix; Secretary, Jane Kellen, Veterans Administration, Ellis Bldg., Phoenix.

SAN MATEO D. A. A. (N. Calif.)—President, Cathyleen Trott, 109 Channing Rd., Burlingame; Secretary, Ruth Darroch, 104 Hillcrest Blvd., Millbrae.

JACKSON COUNTY D. A. A. (Mich.)—President, Ruth Maino, 122 Mitchell St., Jackson; Secretary, Regina Vennen, 1405 National Bank Bldg., Jackson.

SCHENECTADY D. A. A. (N. Y.)—President, Mary Nelson, 817 State St., Schenectady; Alice Pannicia, 22 Jay St., Schenectady.

SYRACUSE D. A. A. (N. Y.)—President, Margo Moyer, 919 Court St., Syracuse; Secretary, Anne Napolitano, 270 N. Salina St., Syracuse.

PANHANDLE DISTRICT D. A. A. (Texas)—President, Vi Lackey, 817 Fisk Bldg., Amarillo; Secretary, Mary Thompson, 417 Amarillo Bldg., Amarillo.

### CHANGES OF OFFICERS

BERKELEY DISTRICT D. A. A. (N. Calif.)—President, Erma O'Connor, 2900 Shasta Rd., Berkeley; Secretary, Jinx Wood, 2240 Channing Way, Berkeley.

METROPOLITAN-OAKLAND D. A. A. (N. Calif.)—President, June Robb,



5142 Bond St., Oakland; Secretary, Delcy Maggiore, 208 Davis St., San Leandro.

NAPA SOLANO D. A. A. (N. Calif.)—President, Lois Hess, 625 Ohio St., Vallejo; Secretary, Velda Jensen, 230½ Florida St., Vallejo.

SACRAMENTO D. A. A. (N. Calif.)—President, Blanche Pratt, Forum Bldg., Sacramento; Secretary, Lydie Ross, 1005 California Life Bldg., Sacramento.

SAN FRANCISCO D. A. A. (N. Calif.)—President, Ruth Mobley, 783 Flood Bldg., San Francisco; Secretary, Bernice Jaljord, 490 Post St., San Francisco.

SAN JOAQUIN D. A. A. (N. Calif.)—President, Annette Pahl, 6 Masonic Bldg., Lodi; Secretary, Alma Brunner, Masonic Bldg., Lodi.

FIFTH DISTRICT D. A. A. (S. Calif.)—President, Wynona Krebs, 828 14th St., Santa Monica; Secretary, H. Marie Lenker, 10825 Washington Bldg., Culver City.

LONG BEACH D. A. A. (S. Calif.)—President, Evelyn Winter, 2015 Maine Ave., Long Beach; Secretary, Jean Ough, 2074 3rd Ave., Long Beach.

LOS ANGELES D. A. A. (S. Calif.)—President, Marjorie Hayes, 4714 4th Ave., Los Angeles; Secretary, Vera Clark, 3221 Liberty Blvd., South Gate.

SAN DIEGO D. A. A. (S. Calif.)—President, Frances Large, 1041 Bank of America Bldg., San Diego; Secretary, Shirley Vincent, 3753 Van Dyke, San Diego.

TRI-COUNTY D. A. A. (S. Calif.)—President, Norma Marshall, 3055 Pershing Ave., San Bernardino; Secretary, Marjorie Siech, 416 20th St., San Bernardino.

PUEBLO D. A. A. (Colo.)—President, Rose De Niro, 629 Thatcher Bldg., Pueblo; Secretary, Cecelia Mraz, 408 Colorado Bldg., Pueblo.

BRIDGEPORT D. A. A. (Conn.)—President, Helen Groschel, 127 Carolina St., Bridgeport.

ILLINOIS STATE D. A. A.—President, Marion Stanard, 630 Jefferson Bldg., Peoria; Secretary, Edith Brown, 224 N. University, Peoria.

HUTCHINSON D. A. STUDY CLUB (Kans.)—President, Aileen Kottal, 619 Wiley Bldg., Hutchinson; Secretary, Elaine Tullis, 508 Wiley Bldg., Hutchinson.

NEW ORLEANS D. A. A. (La.)—President, Estelle Gemming, 835 Maison Blanche Bldg., New Orleans; Secretary, Malvina Cueria, 629 Royal St., New Orleans.

DETROIT D. A. A. (Mich.)—President, Dorothy Paynter, 15701 Alden Ave., Detroit; Secretary, Gloria Murawski, 22148 Michigan, Dearborn.

CLEVELAND D. A. A. (Ohio)—President, Dorothy Muni, 3932 W. 25th St., Cleveland; Secretary, Mary Wanstall, 404 Republic Bldg., Cleveland.

NORTHWESTERN DISTRICT D. A. A. (Ohio)—President, Marilyn Morgan, 903 Cook Tower, Lima; Secretary, Anna Carey, 601 National Bank Bldg., Lima.

OREGON STATE D. A. A.—President, Wynne Saunders, University of Oregon Dental School, Portland; Secretary, Welthia Moore, 915 Selling Bldg., Portland.

TULSA D. A. A. (Okla.)—President, Georgia Buergey, 201 National Mutual Bldg., Tulsa; Secretary, Virginia Elliott, 303 Ritz Bldg., Tulsa.

SOUTH DAKOTA D. A. A.—President, Thelma Seeman, 804 Frank Ave., Huron.

HOUSTON DISTRICT D. A. A. (Texas)—President, Lois King, 1620 Medical Arts Bldg., Houston; Secretary, Dorothy Archer, 820 Medical Arts Bldg., Houston.

## A. D. A. A. COMMITTEE NEWS

### Notice of Amendment

Notice is hereby given to the local and state societies that it is proposed to amend the ADAA By-Laws at the 1947 Annual Meeting as follows: Amend Article VIII, Board of Trustees, Section 2, by adding: This association is a corporation organized not for profit under the laws of the State of Illinois. If at any time this corporation shall be dissolved, no part of its funds or property shall be distributed to or among its members, but after payment of all indebtedness of the corporation its surplus funds and properties shall be used for dental education and dental research in such manner as the then governing body of the Association may determine. The JULIETTE A. SOUTHARD RELIEF FUND and the JULIETTE A. SOUTHARD SCHOLARSHIP FUND shall be set up as separate Trust Funds to be administered by persons appointed by the then governing board should the corporation be dissolved. The minute books and financial records of the Association shall be preserved and stored, all other material shall be destroyed six years after such dissolution.

Amend Article IX, DUES, Section 1, by striking out \$2.00, so that section will read: The annual dues of the American Dental Assistants Association shall be \$3.00, payable January 1 for the ensuing year.

Amend Article X to provide for the creation of a Board of Certification.

Lucile Black,  
Esther Hyland,  
Helen H. Fitting, Chairman  
By-Laws Committee.

## "EDUCATION" Our 1947 Theme

BUY IT PROUDLY

WEAR IT PROUDLY

1. Educate yourself to appreciate the wearing of our ADAA Emblem Pin.
2. Educate your public, patients, friends and all Dental Assistants with the meaning of our motto inscribed on the emblem, each word should fill the heart of every dental assistant with the desire to buy and wear this emblem:

EDUCATION      LOYALTY      EFFICIENCY      SERVICE

3. Educate your Doctor to expect YOU to always wear the emblem on your uniform; an assistant professionally garbed will add much to the dignity and prestige of his office.
4. We are indebted to our beloved Founder, Juliette A. Southard for designing our Emblem Pin, in return for the inspiration we receive from it, let

us resolve for 1947 to Buy It Proudly and Wear It Proudly, our ADAA Emblem.

5. Purchase the Emblem Pin through your State Secretary, sold only to Active Members in good standing. Order blanks may be secured from the jeweler, Spies Bros., 27 East Monroe St., Chicago 3, Illinois. Remittances must be sent with each order, no C. O. D. orders will be accepted.
6. CONTEST on SALE OF ADAA EMBLEM PINS—Begins Jan. 1, ends July 1, 1947. PRIZE—a gift will be awarded to the member of the PIN COMMITTEE who sells the greatest number of pins in her district, judged on the percentage of pins sold in proportion to the membership of her district.
7. PRICE LIST: ADAA Emblem Pin 10k gold .....\$3.00
 

10k Single letter guard .....	3.00
10k Double letter guard .....	6.00
10k Double Numeral guard .....	6.00
10k Quill guard (for secretary) .....	6.00
10k Gavel guard (for president) .....	3.00

These prices include Federal Tax. Guards, quills, gavels, etc., do not count in pin Contest Sale.

#### 1947 PIN COMMITTEE

Helen Searles, 210 Main St., Pawtucket, R. I.  
 Betty Onder, 337 Raritan Ave., Highland Park, N. J.  
 Virginia Hoffman, 3361 Portola St., Pittsburgh, Pa.  
 Mary Barnhill, 1320 Empire Bldg., Birmingham, Ala.  
 Doris Dugan, 738 S. 31st St., Louisville, Ky.

Marie Klotz, 347 N. 1st St., Milwaukee, Wis.  
 Leila Bardsley, Bismarck, N. Dak.  
 Mary Whalley, 1933 Crenshaw, Los Angeles, Calif.  
 Janet Becker, 5502 Haverhill, Detroit, Mich.  
 Ruth Wright, Chairman, 1006 Union Nat'l Bank, Wichita, Kan.

## ADAA Public Relations Committee

With only seven short months between now and our Annual Meeting in Boston this Committee lists the following suggestions for raising money for Delegate Funds:

**GREAT OAKS** from **LITTLE ACORNS GROW**: A Women's Club in Pennsylvania loaned each member 50c with the admonition to invest it to earn not less than \$5.00. Buried talent was brought forth and a finer club spirit developed and a neat sum was added to the treasury.

**BINGO**: In one city where bingo is popular the local dental assistants sponsored a large party. Prizes and all other arrangements were taken care of by one of the local halls, the assistants received 25c on every 40c ticket sold, \$115.00 was cleared.

**RADIO**: Chances sold on a radio netted another group \$95.00.

**PYRAMID PARTIES:** The first hostess entertained 16 members, each of the 16 later entertained 12, each of the 12 later entertained 8, then the 8 entertained 4, thus completing the pyramid. Each guest paid 25c and a good sum was realized.

**BIRTHDAY METHOD:** A birthday table is featured at one of the meetings. The table is gaily decorated, there is a birthday cake surrounded by birthday boxes for each month of the year. Each guest having a birthday in January deposits a penny for each year of her age in the January box, and so on for each of the twelve months.

**GIFT ORDER:** Sell chances on a Gift Order on a local department store.

**DOLLAR DOLL:** Dress a doll with dollar bills and sell chances on it.

**PRESIDENT'S PRIZE:** Each local president can make some article to be raffled off before she leaves office.

**RUMMAGE SALE:** Will net a goodly sum if the group is fairly large.

**BOOK REVIEWS and CARD PARTIES:** Will go well if each member works on the sale of tickets.

Mary Haney, Chairman  
2210½ Military Ave.  
Omaha, Nebraska.

## CONVENTION COMMITTEES

### PROGRAM

Sadie L. Hadley, Chairman.....163 Cabot St., Beverly, Mass.

### CONVENTION

Mary Whitney, Chairman.....358 Commonwealth Ave., Boston, Mass.

Esther B. Hyland, Co-chairman.....101 Tremont St., Boston, Mass.

### REGISTRATION

Aileen M. Ferguson, Chairman.....709 Centre St., Jamaica Plain, Mass.

Helen Babb, Co-chairman.....818 South St., Roslindale, Mass.

Ruth Cutter.....59 State St., Newburyport, Mass.

Theresa Cunningham.....81 Cleveland Street, Springfield, Mass.

Margaret Glover.....507 Main Street, Worcester, Mass.

Mrs. Alice Killion.....349 Broadway, Revere, Mass.

### RECEPTION AND INFORMATION

Lee Sherman, Chairman.....100 Boylston St., Boston, Mass.

Mrs. Stasea Tanney.....603 High St., Dedham, Mass.

Beth Auger.....363 Marlboro St., Boston, Mass.

Helen Aldrich.....1205 River St., Hyde Park, Mass.

Barbara Ashley.....520 Beacon St., Boston, Mass.

### ANNUAL DINNER

Alice Drew, Chairman.....39 Peterboro St., Boston, Mass.

Adela Piasecki.....520 Beacon St., Boston, Mass.

Mrs. Betty Sweet.....34 Maple St., Springfield, Mass.

Nellie Semanya.....60 Washington St., Salem, Mass.

## ENTERTAINMENT

Beth Auger, Chairman.....	363 Marlboro St., Boston, Mass.
Lucille Paul.....	17 Main St., Watertown Mass.
Rachel Clarke.....	1570 Main St., Springfield, Mass.
Mrs. Mary S. Kane.....	Marion Road, Mattapoisett, Mass.

## CLINICS

Dorothy Pierce.....	12 Porter St., Melrose, Mass.
Ritz Grazulis.....	28 Pleasant St., Worcester, Mass.
Mary-Eleanor Greeley.....	Hudson, Mass.

## HOSTESSES

Official ADAA Hostess.....	Esther B. Hyland, Trustee, 1st District
Official Suite Hostess.....	Ottie Helms
Local Hostess.....	Lee Sherman, Chairman Reception Committee

# Convention Notes and Notices

## INVITATION TO BOSTON

Dear Members of the ADAA:

As official hostess and in behalf of the Massachusetts Dental Assistants Association, I welcome you to Boston, August 4 to 7, 1947.

Five years ago our members were "Blue Printing" convention plans. Many changes have taken place since 1942. Now that we are really building, we want YOU to visit our Historic City, and enjoy the hospitality that awaits you.

Let us know when you plan to arrive, and an American Dental Assistant will meet you.

Cordially,

Esther B. Hyland, Official Hostess  
101 Tremont Street  
Boston, Massachusetts

## TRANSPORTATION

Please consult this committee for any help in solving transportation problems. Our advice is to make your reservations EARLY.

Lee Sherman, Chm. Reception Committee  
100 Boylston Street  
Boston, Massachusetts

## HOTEL

The Parker House, Boston ADAA headquarters for the National Convention August 4-7, 1947 will hold rooms until July 16th. Please mail your reservation blank to Mr. James Morrison NOW.

The type of clothing recommended in Boston for the month of August is light dresses, sheers or cottons. Be sure to bring a coat, because our East wind is something strenuous when it comes up suddenly. Don't forget your evening gown for the Banquet.

"How proud we are! How fond to shew  
Our clothes, and call them rich and new!  
When the poor sheep and silkworm wore  
That very clothing long before."

—Isaac Watts.

Mary Whitney, Convention Chairman  
358 Commonwealth Avenue  
Boston, Massachusetts

MAY - JUNE, 1947

# American Dental Assistants Association

March 22, 1947

ATTENTION: Officers, Trustees, Delegates and Members.

This year make the ADAA convention in Boston August 4-7 your vacation. Board! To those going by train may we make the following suggestions so that we may meet along the way.

Union Pacific's—"The City of Portland"

\*Lv. Portland—Thurs., July 31—4:30 P. M.

\*Ar. Chicago Sat., Aug. 2—1:10 P. M.

Union Pacific's—"The City of San Francisco"

Lv. S. F.—Thurs., July 31—5:00 P. M.

Ar. Chicago—Sat., Aug. 2—10:45 A. M.

Union Pacific's—"Los Angeles Limited"

Lv. Los Angeles—Thurs., July 31—10:00 A. M.

Ar. Chicago—Sat., Aug. 2—2:40 P. M.

Southern Pacific's—"Californian"

Lv. Los Angeles—Wed., July 30, 8:00 P. M.

Ar. Chicago—Sat., Aug. 2—8:45 A. M.

Illinois Central's—"Panama Limited"

Lv. New Orleans—Fri., Aug. 1—7:15 A. M.

Ar. Chicago—Sat., Aug. 2—9:30 A. M.

Chicago & Eastern Illinois—"Dixie Limited"

Lv. Miami—Thurs., July 31—10:00 P. M.

Ar. Chicago—Sat. Aug. 2—10:55 A. M.

The foregoing can leave Chicago "en masse" on

New York Central's—"Lake Shore Limited"

Lv. Chicago—Sat., Aug. 2—6:00 P. M.

Ar. Boston—Sun., Aug. 3—2:30 P. M.

Atlantic Coast Line's—"Champion"

Lv. Miami—Sat. Aug. 2—8:40 A. M.

Ar. Boston—Sun., Aug. 3—7:00 P. M.

Watch for the next issue of the Journal for more details.

Transportation Chairman, A. D. A. A.  
Vivian Wreden,

\*Lv.—Leave

\*Ar.—Arrive



## DO IT AGAIN!

Oh! you **did** ask the assistant in the office nearest yours to attend the last Dental Assistants meeting with you but she couldn't go. Do it again!

Check up on your salesmanship. Remember the primary rule is to sell yourself first—then sell the customer. If you are sold on an idea, your enthusiasms will be spontaneous. Spontaneous enthusiasm is contagious.

Find out who is to be on the program and the subject to be discussed, then go to work. Take a tip from the movie ads. They go to no end of trouble to acquaint the public with the program that is being offered.

Don't forget that June 1st is the deadline for the NEW MEMBER CONTEST. Your president or secretary has a copy of the rules in the Membership Bulletin that she received recently.

Your State Association is depending on **you** to help her finish this contest in first place so that she can win the cash award.

ADAA is depending on **you** to help her so that she can reach her goal of 5,000 members by Boston.

Esther Osborn,  
Membership Chairman.

"I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavour themselves by way of amends to be a help and ornament thereunto."

—Sir Francis Bacon.

### ADDITIONAL CONTRIBUTORS 1946 RELIEF FUND

Miami District D. A. Assn.  
Rhode Island D. A. Society.

MAY - JUNE, 1947

## INTELLIGENCE AND SECURITY

(Continued from page 77)

in the problems and the dangers that beset us. Give unselfishly of your time and talents in peace time just as you have done so nobly in wartime.

In this introduction to my personal story of the war, I should like to borrow from a well-known radio commentator, "Let us work, think, pray and give so that our democracy may be secure and live."

Presented at the meeting of  
The Chicago Dental  
Assistants Association  
Feb. 12, 1947, Chicago, Illinois.

A little powdered resin applied to the bottom of the engine foot control will keep it from skidding on the floor.

\* \* \*

To make a handy cavity lining applicator, take small sized barbed broach and wrap fine wisp of cotton on end.

\* \* \*

When investing inlays if the ring is set on a piece of paper the investment will set much quicker and be much harder because of some of the water being absorbed by the blotting paper.

\* \* \*

To keep moisture from forming on the glass slab while mixing synthetic porcelain, cover the surface of the slab with a thin film of oil of theobroma, and then lightly wipe off well before the mix.

\* \* \*

Many cases of post-extraction bleeding can be controlled in the home by this simple procedure: If bleeding persists, instruct the patient to saturate a small pledget of cotton with lemon juice or vinegar. Place this in socket and place a larger piece of cotton over this and make pressure by closing the jaws.

## Orthodontia on the Sunny Side of 40

Believing as I do that it is never too late to improve, I finally persuaded the Orthodontist for whom I work to attempt to straighten my teeth, thus realizing a life-long ambition. I think my best argument was that I would be a more understanding patient. What I didn't realize was that the entire staff would look upon the experiment as a sort of ROMAN HOLIDAY. On the day my treatment is due there is a special exuberance noticeable. The Doctor has been dreaming of a new twist for an arch wire which he has been longing to try. The technician has a sample of impression material which she wants my opinion of. But I am a willing guinea pig—so we start!

Photographs and X-rays were made and it was decided that I was a good risk; no caries, good bone structure, healthy gums, nicely shaped teeth (just poorly arranged).

First we took the impressions. A tray of gooey stuff was squeezed into my mouth and the clock set for three minutes. I kept quiet so that a perfect impression would be obtained even though the entire staff thought of a million funny things to say! My bands were fitted to the teeth and given to me to solder the attachments. As I worked on them the thought came to me that a startling effect would be obtained by setting some rubies and diamonds in the front bands, but having none handy I resisted the impulse. It is a little like cutting one's own switch to fashion one's own bands—a privilege few can claim.

The cementing of the bands wasn't as bad as I had imagined. So far—so good! The family gulped when I came home that night but decided to see it through with me. Our daughter had Orthodontic treatment so she prepared me for sensations to come.

The first movement is as gentle as possible to accustom the teeth to pressure. I had to admit to soreness but no severe pain—one more popular belief exploded.

The interest shown by our patients made the whole thing sort of fun. As time went on and I came to the rubber band stage, I discovered new ways to help our young patients with the unfamiliar technique of snapping elastics on the proper hooks without losing a tonsil.

A sort of competition grew between me and patients who were started at the same time. Surprisingly enough, in spite of the age difference, I was usually several weeks ahead of anticipated progress; due, we decided, to the fact that I changed my elastics three times a day and was never without them. Our younger patients had to think fast to explain that fact.

Aside from the scientific information obtained it has had its funny side, too. The startled expressions I catch on people's faces when they get a flash of my platinum encased teeth would delight a candid camera hound. I flash them willingly, too, hoping that someone else will be encouraged to seek treatment. My generation missed the boat, orthodontically speaking, but if certain conditions are favorable many people can hope for partial if not total orthodontic correction.

From time to time I have had X-rays taken and a prophylaxis by my own Dentist to insure against any gum irritation or dental caries developing. A vitamin and mineral diet supplement was selected for my particular requirements and oral hygiene was strictly adhered to. It is a matter of

clinical record that all is well after approximately one year of treatment. The change in my appearance is amazing; my profile is better, my chin has a more positive look, which is desirable, and I think I can say without fear of contradiction that my teeth show promise of being beautiful.

I am in the final stage of treatment now and before my 40th birthday my bands will be off and I will be wearing retainers. I have no fear of the final outcome. I am convinced that I have an excellent chance of keeping my own "beautiful teeth" to my dying day.

Helen Wirick.

---

## Fixed Bridge Technique Using a Metal Model

1. A small plaster impression with the inlays in place, and a wax bite are taken.
2. After ascertaining that the inlays are correctly seated in the plaster impression, coat them with anti-flux, applied with a camel hair brush which has been dipped in cleaning fluid. Fill in all breakage areas and small discrepancies with modeling clay. Box entire impression with clay and hold a cold wet towel around it before pouring metal.
3. Heat low fusing metal in a copper ladle and pour into impression. Allow to cool.
4. Separate. Care need not be used because model will not break.
5. Select correct tooth to be used. Grind in rest in anterior abutment. Wax and cast backing and rest as one unit.
6. Align correctly and wax backing to posterior abutment. Flow a small amount of plaster over occlusal surface. Separate. Flow hot wax over exposed plaster edges and box in.
7. Fill impression with soldering investment and allow to harden.
8. Solder posterior joint.
9. If gingival surface of tooth has been ground, reglaze.
10. Polish and finish bridge on metal model.

Jane Neunuebel,

Chicago Dental Assistants Association.

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### SPRING

The sun lies light on a jade-green hill,  
There's a burst of song from a loosened rill,  
The wind warms the breast of the new turned sod,  
And the note of a bird links earth with God!

—Anne E. Maddock.

## The Assistant as a Dental Housekeeper

To her duties as receptionist, secretary and business manager the dental assistant may well add those of housekeeper for the office. It is a part of her task to see that the reception room is kept immaculately neat and attractive, tastefully arranged and decorated, and well supplied with light reading matter and current magazines. It should be like the living room of a home—warm, friendly, and restful with cheerfully-lighted lamps and no overhead glare to make patients feel conspicuous. A soft, subdued light, comfortable for reading, relaxes the patient, releases his nervous tension—the result, a more cooperative patient in the operating room.

In addition to radiating comfort, the reception room as well as the other office rooms should be scrupulously clean so that not even the most critical of housekeepers may be offended by a dusty corner. Door panels, window ledges, baseboards and Venetian blinds are frequently neglected and yet easily noticed by an observing patient. Using a small soft brush for dusting these places will remedy the difficulty to everyone's satisfaction. For general dusting, however, a soft dustcloth is preferable to cheesecloth since it may be easily laundered and will not leave as much lint on the furniture.

One precaution: When the furniture is polished, be sure it is well rubbed and that no film is left. Patients do not appreciate soiling their clothes on unremoved polish, nor does the dentist like to find excess polish wherever he may look in the office.

The reception room receives the attention of the assistant first since patients may enter at any time and there should be a neat and tidy room awaiting them. The other rooms may be prepared to suit the time and habits of the dentist.

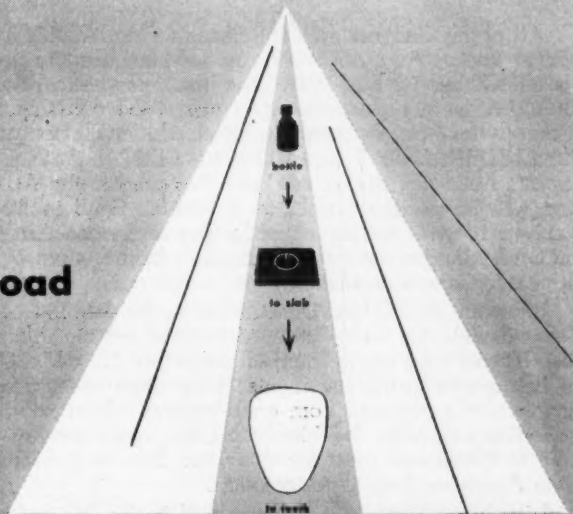
### OPERATING ROOMS SHOULD BE READY FOR EACH PATIENT

These rooms, particularly the operating rooms, must be kept ready at all time for each patient. Instruments used for the previous patient should be removed, basins washed and dried, water spots removed from the equipment, and fresh towels, headrest or other coverings put in place.

There should be no evidence of soiled dressings, paper napkins, tongue depressors, cotton rolls, floss, strips or applicators when a patient enters the operating room. These should be placed in containers for burning or into easily disinfected holders. By carefully wiping the handpiece with alcohol and filling the solution glass with a fresh solution, you instill a sense of confidence and well-being in the patient. Should an instrument drop to the floor, be sure to put out a new one even before you pick up the old one. It is one way of assuring your patient that his or her comfort and cleanliness is ever present in your mind.

Nor should the laboratory be neglected in the routine daily cleanup. This should look like what it is—a busy place, but it should be neat and clean as well. Impression trays that have not been cleaned should be spatula if not in use should be clean and not standing around empty and spatula if not in use should be clean and not standing around empty and dirty. Have out only those instruments which are being used and when you have completed your work put them away in their proper places or set them neatly aside until work can be completed.

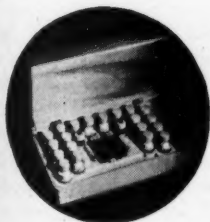
on  
the  
right road



The dentist is on the right road to satisfaction in silicate restorations . . . with the "Direct Matcher Cabinet" of Caulk Synthetic Porcelain!

The "twenty naturals" in this package match any and every tooth color . . . without powder blending at any time.

It's easier for the dentist. Easier for the assistant. Just select the color from the Caulk Shade Guide . . . then "mix it thick and mix it quick." A one-minute masterpiece . . . from bottle, to slab, to tooth!



**Direct  
Matcher  
Cabinet**

20 F. P. Powders, pre-blended • 2 F. P. Liquids • 1 Solid Wood Cabinet • 1 Enameled Wood Tray • Shade Guide on Request.  
Price \$43.00 • You save \$19.00

# SYNTHETIC PORCELAIN

For Modern Materials call on *Caulk* Milford, Delaware

To the Secretaries of the  
State Associations:

All of the Convention Committees for the ADAA Annual Meeting to be held in Boston Aug. 4-7, 1947, are working hard to give your delegates a big WELCOME TO BOSTON. The hotel reservations for your delegates and all ADAA members who plan to attend the convention must be made by filling out the Hotel Reservation Blank which will appear in the April 1 issue of the JOURNAL OF THE AMERICAN DENTAL ASSOCIATION. The headquarters hotel has not as yet been assigned to the ADAA, and no reservations will be accepted prior to April 15. Send in the reservation for the members of your society as soon as possible so that rooms will be given to ADAA members before the housing facilities are exhausted. Please do not ask for single rooms.

Program and Clinic Questionnaires for the 1947 Official Program are enclosed with this letter; be sure to fill in all the information asked for on these blanks, and return them to me before May 15. Copies of these forms are being sent to the presidents of the state associations so that they will know what is required from each society. Start now to compile the data needed to complete the blanks. Every state society is urged to send a clinic to the Boston Meeting; this year the clinics will be given with those of the American Dental Association.

Let's have every state represented in the Poster Exhibit; there are four awards to be made in the Poster Exhibit. Send your poster to the headquarters hotel, see the July-August issue of The Dental Assistant for the name of the hotel.

The ADAA Drive for NEW MEMBERS ends on June 1; try to get all your dues in to the ADAA before that date so they will be counted in the contest. The dues which you receive after that date and send to the General Secretary will be counted for the awards made at the Annual Meeting for Total Membership Increase, so do not slacken your efforts to obtain new members and to collect from the delinquent after the drive for new members closes.

We hope that every society has made arrangements to take care of the travel expense of the ADAA Trustee and that the Third, Fourth, Seventh, and Ninth Districts will be prepared to submit nominations for the office of ADAA Trustee for their respective districts.

This year we hope you will be coming to Boston. Whether you're looking for old-time atmosphere or bright-light sophistication, you'll find it in Boston—in short, all over town you'll find memories of the historic past to flavor the fast-moving present.

Sincerely yours,  
Aileen M. Ferguson,  
General Secretary.

All ADAA Officers and Trustees are requested to use the coupon hotel reservation appearing in the April 1 issue of the Journal American Dental Association, choose a room-mate from the Board of Trustees or some member of your society who will attend the meeting, ask for double room.



## **NORTHERN CALIFORNIA DENTAL ASSISTANTS ASSOCIATION**

### **ACCEPTED PIN CEREMONY**

"The pin which is to be presented to you tonight is a sacred symbol of the profession which you have chosen. You indicated your desire to be of service to your fellow man by your choice. Therefore, you have made a sacred pact with yourself and with Infinity to give the greatest gift man can give man, personal service.

"You will notice a circle of deepest blue on your pin, a double symbol this. The circle is symbolic of unity and progress, for there is neither a beginning nor an ending to a circle. In this, your chosen profession, there should be unity for service and progress toward perfection in everything you do. Blue, the color of integrity, the symbol of truth, is the chosen color.

"Upon the blue circle are inscribed these words: Education, Efficiency, Loyalty, and Service. These four words are a pledge to all who read them that you have consecrated yourself through a pledge to serve your employer and all whom he serves fourfold.

"First, you will constantly seek EDUCATION OF SELF in your chosen field and in all knowledge, so that you can exemplify the quest and be an inspiration to each individual whose life you contact.

"Second, your EFFICIENCY must grow from day to day so that every task will always be well done, expediently performed; then and only then will you find joy in your profession.

"Third, LOYALTY is the world's great gift. Bear this gift to your employer in every word you speak, every action, every thought. Truly it is not too great a gift to give, for in giving you receive. Bear loyalty also to your society, for it is founded on that loyalty and bounded by it also; therefore, it can encompass and progress only as far as your individual loyalty designates.

"Fourth, SERVICE is a privilege. There is no greater satisfaction than the knowledge that you have given of yourself for the benefit of your fellow man. To serve well your employer and your patient will be a source of unending joy.

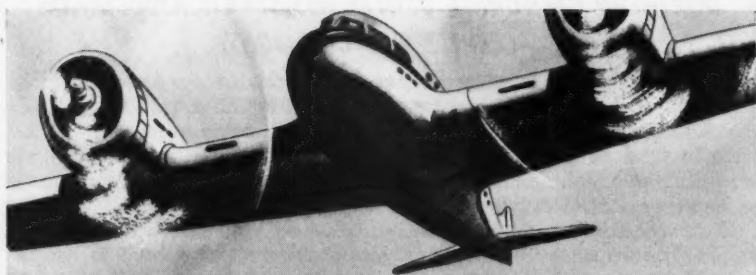
"Realizing the symbolism of this pin, will you repeat with me the Pin Pledge:

"I, (girl's name), do accept this pin with full realization of the obligation it places me under to my employer, to my patient, and to the American Dental Assistants Association. As long as I wear it I shall be honor bound to uphold the ideals for which it stands, and at such time as I terminate my membership in the (Component Society's name) while still actively employed in a dental office I will return to the (Component Society's name) my pin."

### **PERSONAL EXPERIENCE**

One of my good patients telephoned that she had been eating licorice and pulled out one of my inlays. I was a little surprised at this but had her come in and sure enough she had a gold inlay carefully wrapped in a paper. I looked at the inlay suspiciously as I did not recognize the carving. A very thorough examination of her mouth revealed that all her inlays were in place. Question—How did the inlay get in the licorice?

Victor H. Large, D.D.S., Toronto, Ontario.



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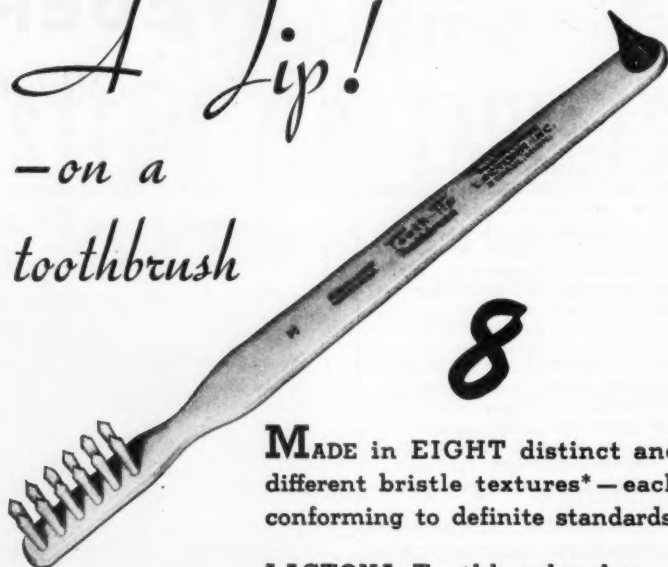
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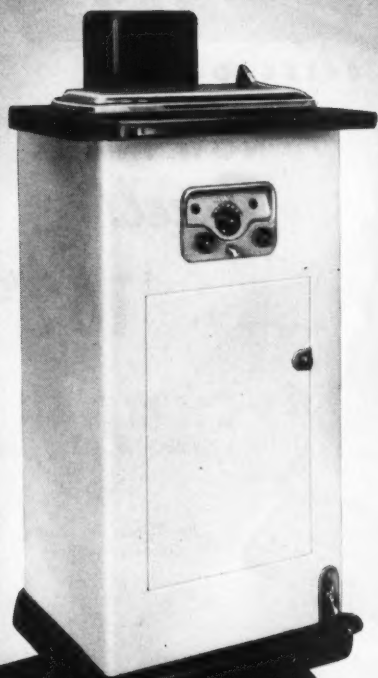
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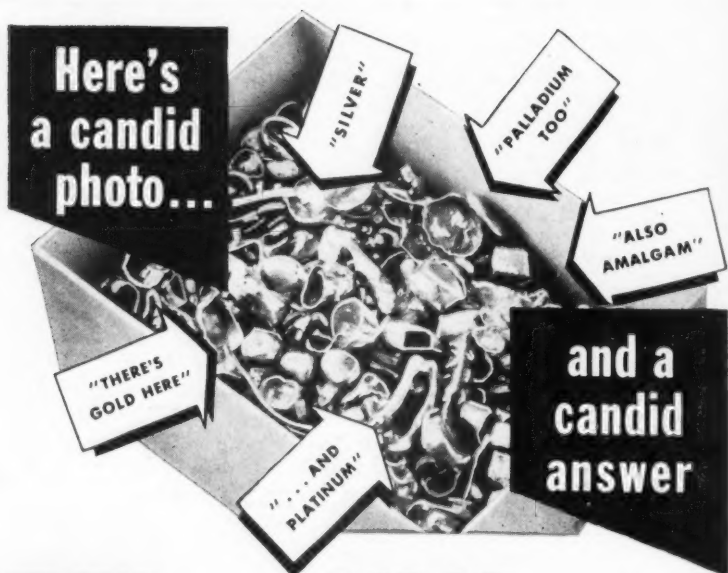


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